



**MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY
111 NW 1st Street, Suite 2410
MIAMI, FLORIDA 33128-1979
Ph: 305.349.6033
Fax: 305.349.6040**

www.miamidade.gov/gsa/ElevatorMain

Section 399.125, of the Florida Statutes. Reporting of elevator accidents or incidents; penalties.--Within 5 working days after any accident or incident occurring in or upon any elevator, the certificate of operation holder shall report the accident or incident to the division on a form prescribed by the division. Failure to timely file this report is a violation of this chapter and will subject the certificate of operation holder to an administrative fine, to be imposed by the division, in an amount not to exceed \$1,000.

SECTION 1 - ELEVATOR LOCATION				
Serial Number	Number of Landings	Date (MM/DD/YYYY)		
Date of Accident (MM/DD/YYYY)	Time of Accident Hour Minute <input type="checkbox"/> AM <input type="checkbox"/> PM			
D/B/A Name (enter Business Name or Doing Business As Name of the building)				
Main Address (enter building address)				
City	County	State	Zip Code	
Primary Name (enter name of the building owner)		Phone Number		
SECTION 2 - SERVICE MAINTENANCE				
Is the elevator or escalator under a service maintenance contract? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Elevator Maintenance Company				
Was the elevator service maintenance company notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate date (MM/DD/YYYY)		
Most recent required test performed <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years		Test Date (MM/DD/YYYY)		
SECTION 3 - SIGNATURE				
Report Submitted by (print name)		Title		
Signature		Phone Number		

This report must be returned to the County within 5 working days following the accident to:

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